

# CHFA STUDENT PERSONNEL ACTION FORM

## Undergraduates Only

**Student Name:**

Last	First	Middle Initial

**Social Security Number:**  (9 digits)

TAX FORMS continue to be the responsibility of the department. Before being paid, all students must have a recent W4, M4 and I9 on file in 325 Whitmore

**(FIRST TIME EMPLOYEES ONLY)**

W4                     
  M4                     
  I-9

<b>HR Account Code:</b>	<b>Earnings Type:</b>	<b>Pay Rate:</b>
<b>Payroll Commitment:</b>	<b>Check Dist. Code:</b>	
<b>Job Title:</b>		

**EMPLOYMENT DATES:**

<b>Begin:</b>	<b>End:</b>
(Sunday)	(Saturday)

<b>Department:</b>
<b>Supervisor:</b>
<b>Campus Address:</b>

<b>Prepared by:</b>
<b>Campus Telephone</b>
<b>Room Number</b>

**Authorized for Clearance**

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Signature – DEPT. HEAD/AUTHORIZED DESIGNEE  Date _____	Signature – PRINCIPAL INVESTIGATOR (Original Signature Required for all Grant and Contract Services)  Date _____
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**SUBMIT FORM TO YOUR HR COORDINATOR  
AND THE BUSINESS OFFICE**